

MAINE BUREAU OF INSURANCE  
2002 AGGREGATE BENEFITS PAID REPORT  
**DUE MARCH 1, 2003**

Per Title 24-A M.R.S.A. § 237 all self-insurers are required to file with the Bureau of Insurance **on or before March 1** of each year, a report specifying **the amount of total actual paid workers' compensation claims and total actual paid workers' compensation medical payments for the previous calendar year.**

This data must be submitted to: **Thomas Michaud**  
**Maine Bureau of Insurance**  
**34 State House Station**  
**Augusta, ME 04330-0034**  
Telephone: (207) 624-8440  
Fax: (207) 624-8599

Please use this form to provide the required information:

Company/Group Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Calendar Year: \_\_\_\_\_

Date form completed: \_\_\_\_\_

Completed By: \_\_\_\_\_

Telephone: \_\_\_\_\_

1. Total Actual Paid Workers' Compensation Benefits: \_\_\_\_\_  
(Include both indemnity and medical payments)

**The amount on line 1 must be the sum of all checks issued in payment of workers' compensation benefits, including medical payments, during the calendar year ending December 31 regardless of the date of injury. If this amount is not available from corporate claims payment records, please consult your claims agent for assistance.**

2. Total Actual Paid Workers' Compensation **Medical Payments**: \_\_\_\_\_

3. Total Benefits less Medical Payments: \_\_\_\_\_  
(Line 1 minus Line 2)

4. If self-insurance ended in 2002 enter the self-insurance termination date: \_\_\_\_\_

\*By: \_\_\_\_\_

\*Title \_\_\_\_\_

\*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer or Group Fund Administrator